



December 3, 2015

IOWA BULLETIN NO. IA360-16-6

SUBJECT: PER – EMPLOYEE PERFORMANCE RECOGNITION

**ACTION REQUIRED BY: DECEMBER 29, 2015**

**PURPOSE.** To provide all managers/supervisors with information necessary to nominate employees for recognition of Fiscal Year (FY) 2015 performance.

**EXPIRATION DATE.** September 30, 2017

Performance Bonus Awards are lump-sum payments for recognition of accomplishments as documented in employees' annual performance plans and based on employees' most recent rating of record. This year, we plan to recognize employees who received performance ratings of Superior or Outstanding.

Iowa NRCS will ensure that its spending on all performance awards and individual contribution awards does not exceed the maximum amount allotted by NHQ. The Assistant State Conservationist-Management and Strategy and State Financial Resources Specialist will provide an analysis and recommendation once all award nominations are received.

All performance rating-based awards will require two items to be completed by the manager/supervisor.

1. AD-287-2, Recommendation & Approval of Awards (Attachment A)
2. Addendum to AD-287-2, Recommendation and Approval of Awards, *with written justification* (Attachment B)

**AD-287-2**

The supervisor will prepare the AD-287-2 for those employees nominated for Performance Bonus Awards. Complete only highlighted fields.

**Addendum to AD-287-2**

All performance rating-based awards will require a written justification, no more than one (1) page in length, in addition to the accomplishments described within the employee's FY2015 performance appraisal.

- The justification must include the following:
  - Description of accomplishments.
  - How they exceeded expectations.
  - The results.

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- You will also need to ensure that the written justification addresses the following:
  - Is it reflective of the award level being recommended?
  - The period of time for performance (*should be for entire rating period*).
  - The name of the NRCS employee.
  - Explanation of accomplishments in terms of at least two of the following:
    - Improving quality.
    - Timely completion of project.
    - Overcoming adverse obstacles or unusual circumstances.
    - Using unusual creativity.
    - Saving the government time and or money.
    - Increasing program effectiveness.
  - Explanation of results in terms of at least one of the following:
    - Project acceptance.
    - Savings in time, money, and or material.
    - More efficient.
    - Effectiveness.
    - Technological advancement.
    - Productivity increase.
    - Improved levels of cooperation.

Managers/supervisors will route their documentation through their Leadership Team Member. Leadership Team Members will submit the documentation to Jaia Fischer, Business Services Specialist, in one mailing.

All written justifications, and AD-287-2s, must be forwarded by close of business on December 29, 2015.

Please be aware that Performance Bonus Awards will not be approved for employees who received a rating of Superior or Outstanding if an AD-287-2 and Addendum to AD-287-2 is not received by Jaia Fischer, Business Services Specialist, by December 29, 2015, unless prior approval for an extension is authorized by me.

If you have questions or need assistance, please contact Jaia Fischer, Business Services Specialist, at (515) 323-2225 or [jaia.fischer@ia.usda.gov](mailto:jaia.fischer@ia.usda.gov).



Kurt Simon  
State Conservationist

Attachments

U.S. DEPARTMENT OF AGRICULTURE  
**RECOMMENDATION & APPROVAL OF AWARDS**

CASE NO.

**NOTE:** For group awards, attach list of group members. Show data in Items 2 - 9, and award amount for each payee.

1. AGENCY <b>USDA - NRCS</b>	2. NAME OF EMPLOYEE (Last, First MI)	
3. SOCIAL SECURITY NO. <b>DO NOT COMPLETE</b>	4. POSITION TITLE	5. PAY PLAN-SERIES/GRADE/STEP
6. ORGANIZATION AND LOCATION	7. PERIOD COVERED FOR AWARD (mm / dd / yy) From: <b>10-1-14</b> To: <b>9-30-15</b>	8. ACCOUNTING CODE
9. IF AWARD APPROVED, MAIL CHECK TO: <input type="checkbox"/> SALARY CHECK ADDRESS <input type="checkbox"/> OTHER (Specify address):		

10. LIST AWARDS OR QSI'S IN THE PAST 52 WEEKS (Specify type of award, amount received, and effective date.)

11. CERTIFICATE CITATION: SUMMARIZE EMPLOYEE'S CONTRIBUTION IN 25 WORDS OR LESS. (This language is only needed if a certificate will be prepared. This block is not the award justification.)

PERFORMANCE BONUS AWARD (See attached Addendum to AD-287-2, Recommendation and Approval of Awards)

**COMPLETE THE APPROPRIATE AWARD SECTION**

<b>EXTRA EFFORT AWARD</b>	12. TYPE OF RECOGNITION RECOMMENDED				
	<input type="checkbox"/> EMPLOYEE SUGGESTION OR INVENTION <input type="checkbox"/> EXTRA EFFORT AWARD <input type="checkbox"/> SPOT AWARD <input type="checkbox"/> TIME OFF AWARD <input type="checkbox"/> OTHER				
	<input type="checkbox"/> REFERRAL BONUS <input type="checkbox"/> GAINSHARING AWARD				
	Attach a description of the contribution or patent notification being recognized and the resulting benefits to the Government for each award type selected.				
	13. NO. OF PERSONS	14. TOTAL AWARD (Give dollar amount / hours)	15. TOTAL DOLLAR AMOUNT/HOURS BASED ON: (Check approp. box) →	<input type="checkbox"/> MEASURABLE BENEFITS SCALE <input type="checkbox"/> NONMEASURABLE BENEFITS SCALE	ESTIMATED FIRST YEAR SAVINGS \$
				VALUE OF BENEFITS	APPLICATION
<b>PERFORMANCE AWARD</b>	16. TYPE OF RECOGNITION RECOMMENDED				
	<input checked="" type="checkbox"/> PERFORMANCE BONUS AWARD * <input type="checkbox"/> QUALITY STEP INCREASE *				
	<input type="checkbox"/> TIME OFF (PERFORMANCE-BASED) * TOTAL HOURS: <input type="text"/>				
	Certification: I certify, by my signature in the Recommendation & Approval section below, that the employee's position description and the performance standards for the positions were thoroughly reviewed prior to submission of this recommendation; that the employee's performance is outstanding; and that the performance is characteristic and is expected to continue in the future. * Attach a copy of employee's latest performance rating of record. Also, attach a justification statement, if required.				
	17. DATE OF LAST PROMOTION	18. DATE OF LAST WITHIN GRADE INCREASE	19. AMOUNT RECOMMENDED FOR PERFORMANCE BONUS AWARD \$		

**RECOMMENDATION AND APPROVAL**

20. RECOMMENDING INDIVIDUAL (Signature)	DATE	21. REVIEWING OFFICIAL (Signature)	DATE
TITLE:		TITLE:	
22. APPROVING OFFICIAL (Signature & Title)			DATE
TITLE:			

**PERSONNEL USE ONLY**

23. AGENCY CODE/POI	24. DATE EFFECTIVE	QUALITY STEP INCREASE: →	25. TO: (Grade & Step)	26. NEW SALARY	27. RATE	28. PAY RATE DETERMINANT CODE
I certify that the proposed action is in compliance with statutory and regulatory requirements			29. PERSONNEL OFFICIAL (Signature & Title)		DATE PROCESSED	



**Addendum to AD-287-2, Recommendation and Approval of Awards**

NRCS Employee Name:

Employee Duty Station:

Time Period for Performance: October 1, 2014 – September 30, 2015

The employee's Fiscal Year 2015 summary performance rating was:

- ☐ Superior  
☐ Outstanding

Performance exceeded my expectations because (may be copied from Performance Appraisal if appropriate):

**The above write-up addresses the following:**

- |   |  |
|---|--|
| <input type="checkbox"/> Increased quality of work product          | <input type="checkbox"/> Unusual creativity                      |
| <input type="checkbox"/> Timely completion of project               | <input type="checkbox"/> Government savings in time and/or money |
| <input type="checkbox"/> Adverse obstacles or unusual circumstances | <input type="checkbox"/> Increased program effectiveness         |

**The above write-up includes an example of at least one of the following results:**

- |  |   |
|--|---|
| <input type="checkbox"/> Project acceptance                      | <input type="checkbox"/> Improved effectiveness         |
| <input type="checkbox"/> Savings in time, money, and/or material | <input type="checkbox"/> Improved productivity          |
| <input type="checkbox"/> Improved efficiency                     | <input type="checkbox"/> Improved levels of cooperation |
| <input type="checkbox"/> Technological Advancement               |   |

\_\_\_\_\_  
Supervisor's Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Second Level Supervisor's Signature\_\_\_\_\_  
Date